

Case Number:	CM14-0105986		
Date Assigned:	07/30/2014	Date of Injury:	09/29/2010
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 year old female who sustained an industrial injury on 9/29/2010. An electrodiagnostic study of the lower extremities on 3/25/2014 was normal. The patient was recently seen for followup evaluation on 5/27/2014, reporting essentially no change in her left ankle pain. Pain is rated 4/10 at rest, 5-6/10 with attempted repetitive weight-bearing activities. Medication is motrin. Physical examination documents continued moderate tenderness in the inferior medial malleolus and medial "shoulder" of the ankle, both anterior to the medial malleolus and posterior to the medial malleolus. Range of motion is limited with dorsiflexion is 0/10 degrees, the subtalar joint is 8/20 degrees. She is neurovascularly intact, with equal and symmetrical motor strength, well preserved sensation, and 2/4 DTRs of the bilateral lower extremities. She walks with a perceptible limp, stride is shortened on the left, she uses orthotics. Diagnostic impression: 1. Status post contusion/twisting injury/fracture, left ankle; 2. Status post avulsion fracture with lateral displacement with post-traumatic arthritic changes and impingement to the inferomedial clear space, left ankle; 3. Post-traumatic arthrofibrosis/scar tissue, left ankle, causing lateral impingement lesion. Request is for left ankle arthroscopic debridement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Arthroscopic Debridement of the Left Ankle with Resection of Displaced Medial Malleolar Fracture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: According to the CA MTUS ACOEM guidelines, ankle/foot surgery may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement; Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot; and Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The patient has tenderness and limited dorsiflexion/plantarflexion on examination. There are no mechanical symptoms reported or demonstrated on clinical examination. In addition, the medical records do not provide an imaging study demonstrating the presence of a surgical lesion, such as a fracture. Without current diagnostic findings of a lesion likely to benefit from surgical intervention, the medical necessity of left ankle surgery has not been established.